

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/10/2010
NAME OF PROVIDER OR SUPPLIER SEVIER CO HEALTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 415 CATLETT RD SEVIERVILLE, TN 37862		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 441 SS=D	<p>An annual recertification survey and complaint investigation #26799, were completed on November 10, 2010, at Sevier County Health Care Center. No deficiencies were cited related to the complaint investigation under 42 CFR PART 482, Requirements for Long Term Care Facilities.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p>	F 441	<p>RN #1: inserviced on Hand Cleaner policy and redid resident dressing change per facility policy.</p> <p>All residents of Sevier County Health Care Center have the potential to be affected by the deficient practice.</p> <p>All Nursing Staff will be inserviced on Hand Cleanser policy and all Licensed Nurses will be inserviced on clean dressing change policy by</p> <p>Nursing Administration will continue to monitor infections monthly and monitor handwashing techniques during daily rounds and report trends to the QA Committee.</p>	11/09/10	
				12/01/10	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	<p>Continued From page 1</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review, and interview, the facility staff failed to wash or sanitize the hands during a dressing change for one resident (#4) of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Observation on November 9, 2010, at 12:15 p.m., revealed Registered Nurse (RN) #1 providing wound care to resident #4. Observation revealed RN #1 removed a soiled dressing from the resident's right foot exposing a wound on the right heel. Continued observation revealed RN #1 described the wound as a Stage II wound measuring 0.4 cm. (centimeters) wide, and 0.7 cm. long, with a small amount of serous drainage. Continued observation revealed RN #1 cleaned the wound with wound cleanser and a gauze pad, removed the soiled gloves and without washing or sanitizing the hands, applied clean gloves. Continued observation revealed RN #1 applied medication to a gauze pad and applied a clean dressing to the wound.</p> <p>Review of the facility's policy Hand Cleanser revealed "Purpose...To prevent spread of infection...When should you use alcohol-based hand rub?...After removing gloves..."</p>	F 441			

Nov. 22. 2010 12:43PM

sevier co. health care

No. 13/8 RIN P. 6 11/15/2010

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F 441	Continued From page 2 Interview on November 9, 2010, at 12:36 p.m., with RN #1, at the nursing station, confirmed after cleaning the wound and removing the gloves, the hands were not washed and hand sanitizer was not used prior to applying clean gloves and applying the clean dressing.	F 441			